

Family PACT: Drug and Supply List

This section contains the Family PACT Drug and Supply List, which is used by clinician providers when billing for prescribed drugs and supplies dispensed by clinicians rendering core services.

Note: Family PACT Pharmacy Formulary items, including medications, contraceptive supplies and oral anti-infectives may also be obtained at a pharmacy with a clinician's prescription.

Contraceptive Supplies: Ordering Real Time

Contraceptive supplies (X1500) for Family PACT clients are available online/real time for pharmacy reimbursement.

Drug and Supply List Restrictions

The Family PACT Drug and Supply List has restrictions on the following non-contraceptive drugs or supplies:

All items shown on the "All Methods – Miscellaneous Medications" list in this section are restricted, as follows:

- A) Restricted to the treatment of urinary tract infections.
- B) Restricted to use only when first-line antibiotics have failed or when culture shows sensitivity to this drug and resistance to first line antibiotics.
- C) Restricted to the treatment of Chlamydia.
- D) Restricted to the treatment of Gonorrhea.
- E) Restricted to the outpatient treatment of uncomplicated Pelvic Inflammatory Disease.
- F) Restricted to the treatment of Vaginitis/Vaginal discharge.
- G) Restricted to the treatment of Syphilis.
- H) Restricted to the treatment of Genital Herpes.
- I) Restricted to the treatment of Genital Warts.

When applicable, only those dosage regimens included in the current Centers for Disease Control and Prevention (CDC) "Guidelines for the Treatment of Sexually Transmitted Diseases" may be used.

Miscellaneous drugs and supplies for non-surgical procedures are billed with HCPCS code Z7610. This code may be used only by hospital outpatient departments, emergency rooms, surgical clinics and community clinics. Refer to the *Supplies and Drugs for Outpatient Services* section in the appropriate Part 2 Medi-Cal Outpatient Services provider manual.

Prior Authorization Requirements

Family PACT clients may require drugs not included in this Drug and Supply List for complication services. All additional drugs for complication management require prior authorization.

Note: Drugs not located on this list and needed for management of complications require prior authorization using the Medi-Cal *Treatment Authorization Request* (TAR) process. Drugs and supplies available for core services are limited to those items on the Family PACT Pharmacy Formulary.

Claim Form Completion

HCFA 1500 claim form: Providers must document the name of the medication/supply and the provider's cost per unit for the following procedure codes: X7706, X1500 and all other individual medication or injection codes in the *Reserved For Local Use* field (Box 19).

UB-92 Claim Form: Providers must document the name of the medication/supply and the provider's cost per unit for the following procedure codes: Z7610, X7706, X1500 and all other individual medication or injection codes in the *Remarks* area (Box 84).

Note: Family PACT requires that drugs and supplies dispensed by the Family PACT provider must be billed "at cost."

Oral Contraceptive Method

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Oral Contraceptives: Progestin Only	Norethindrone	Tablets	0.35 mg	X7706	Ea. Cycle
	Norgestrel	Tablets	0.075 mg	X7706	Ea. Cycle
Oral Contraceptives: Monophasic	Desogestrel/Ethinyl Estradiol	Tablets	0.15 mg/30 mcg	X7706	Ea. Cycle
	Ethinodiol Diacetate/ Ethinyl Estradiol	Tablets	1 mg/35 mcg	X7706	Ea. Cycle
			1 mg/50 mcg	X7706	Ea. Cycle
	Levonorgestrel/Ethinyl Estradiol	Tablets	0.1 mg/20 mcg	X7706	Ea. Cycle
			0.15 mg/30mcg	X7706	Ea. Cycle
	Norethindrone/Ethinyl Estradiol	Tablets	0.4 mg/35 mcg	X7706	Ea. Cycle
			0.5 mg/35 mcg	X7706	Ea. Cycle
			1 mg/35 mcg	X7706	Ea. Cycle
			1 mg/50 mcg	X7706	Ea. Cycle
	Norethindrone Acetate/ Ethinyl Estradiol	Tablets	1 mg/20 mcg	X7706	Ea. Cycle
			1.5 mg/30 mcg	X7706	Ea. Cycle
	Norethindrone/Mestranol	Tablets	1 mg/50 mcg	X7706	Ea. Cycle
	Norgestimate/Ethinyl Estradiol	Tablets	0.25 mg/35 mcg	X7706	Ea. Cycle
	Norgestrel/Ethinyl Estradiol	Tablets	0.3 mg/30 mcg	X7706	Ea. Cycle
			0.5 mg/50 mcg	X7706	Ea. Cycle
Oral Contraceptives: Biphasic	Desogestrel/Ethinyl Estradiol	Tablets	0.15 mg/0.02 mg 0.01mg	X7706	Ea. Cycle
Oral Contraceptives: Triphasic	Levonorgestrel/Ethinyl Estradiol	Tablets	6-5-10 0.05mg/30mcg	X7706	Ea. Cycle
			0.075mg/40mcg		
			0.125mg/30mcg		
			0.125mg/30mcg		
	Norethindrone/Ethinyl Estradiol	Tablets	7-7-7 0.5mg/35mcg 0.75mg/ 35mcg 1mg/35mcg	X7706	Ea. Cycle
			7-9-5 0.5mg/35mcg 1mg/35mcg 0.5mg/35mcg	X7706	Ea. Cycle
	Norgestimate/Ethinyl Estradiol	Tablets	7-7-7 0.18mg/35mcg 0.215mg/35mcg 0.25mg/35mcg	X7706	Ea. Cycle
	Northindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate	Tablets	5-7-9 0.15 mg/ 0.02mg 1mg/0.03 mg 1mg/35mg	X7706	Ea. Cycle

Note: Up to one year supply of oral contraceptives may be dispensed, as appropriate.

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Other Drugs	Levonorgestrel/Ethinyl Estradiol and Urine Pregnancy Test *	Tablets; Urine Pregnancy Test	0.25mg – 0.05mg	X7720	Kit (ea)
	Levonorgestrel *	Tablets	0.75 mg	X7722	Packet (ea)
	Estrogens, Conjugated	Tablets	0.3 mg	Z7610	Ea. Tablet
			0.625 mg	Z7610	Ea. Tablet
			0.9 mg	Z7610	Ea. Tablet
			1.25 mg	Z7610	Ea. Tablet
			2.5 mg	Z7610	Ea. Tablet
	Ethinyl Estradiol	Tablets	0.02 mg	Z7610	Ea. Tablet
			0.05 mg	Z7610	Ea. Tablet
Contraceptive Barriers	Condoms	Male and Female		X1500	Visit
	Nonoxynol 9 Preparations			X1500	Visit
	Lubricating Jelly			X1500	Visit

* Restricted to a maximum quantity of one unit per dispensing with a maximum of three units in any 12-month period.

Contraceptive Injections Method

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Contraceptive Injections	Medroxyprogesterone Acetate	Injections	150 mg	X6051	Ea.
Other Drugs	Estrogens, Conjugated	Tablets	0.3 mg	Z7610	Ea. Tablet
			0.625 mg	Z7610	Ea. Tablet
			0.9 mg	Z7610	Ea. Tablet
			1.25 mg	Z7610	Ea. Tablet
			2.5 mg	Z7610	Ea. Tablet
	Ethinyl Estradiol	Tablets	0.02 mg	Z7610	Ea. Tablet
			0.05 mg	Z7610	Ea. Tablet
	Levonorgestrel/Ethinyl Estradiol and Urine Pregnancy Test *	Tablets; Urine Pregnancy Test	0.25mg – 0.05mg	X7720	Kit (ea)
	Levonorgestrel *	Tablets	0.75 mg	X7722	Packet (ea)
Contraceptive Barriers	Condoms	Male and Female		X1500	Visit
	Nonoxynol 9 Preparations			X1500	Visit
	Lubricating Jelly			X1500	Visit

* Restricted to a maximum quantity of one unit per dispensing with a maximum of three units in any 12-month period.

Contraceptive Implant Method

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Contraceptive Implants	Levonorgestrel			X1520	Ea.
Other Drugs	Estrogens, Conjugated	Tablets	0.3 mg	Z7610	Ea. Tablet
			0.625 mg	Z7610	Ea. Tablet
			0.9 mg	Z7610	Ea. Tablet
			1.25 mg	Z7610	Ea. Tablet
			2.5 mg	Z7610	Ea. Tablet
	Ethinyl Estradiol	Tablets	0.02 mg	Z7610	Ea. Tablet
			0.05 mg	Z7610	Ea. Tablet
	Levonorgestrel/Ethinyl Estradiol and Urine Pregnancy Test *	Tablets; Urine Pregnancy Test	0.25mg – 0.05mg	X7720	Kit (ea)
	Levonorgestrel *	Tablets	0.75 mg	X7722	Packet(ea)
Contraceptive Barriers	Condoms	Male and Female		X1500	Visit
	Nonoxynol 9 Preparations			X1500	Visit
	Lubricating Jelly			X1500	Visit

* Restricted to a maximum quantity of one unit per dispensing with a maximum of three units in any 12-month period.

Intrauterine Contraceptive Method

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Intrauterine Devices	ParaGard IUD			X1522	Ea.
	Intrauterine Device			X1512	Ea.
	Progesterone IUD			X1514	Ea.
Contraceptive Barriers	Condoms	Male and Female		X1500	Visit
	Nonoxynol 9 Preparations			X1500	Visit
	Lubricating Jelly			X1500	Visit
Other Drugs	Levonorgestrel/Ethinyl Estradiol and Urine Pregnancy Test*	Tablets; Urine Pregnancy Test	0.25mg – 0.05mg	X7720	Kit (ea)
	Levonorgestrel*	Tablets	0.75 mg	X7722	Packet (ea)

* Restricted to a maximum quantity of one unit per dispensing with a maximum of three units in any 12-month period.

Barrier, Fertility Awareness Methods (FAM), Lactation Amenorrhea Method (LAM)

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Contraceptive Barriers	Diaphragm			X1500	Visit
	Cervical Cap			X1500	Visit
	Condoms	Male and Female		X1500	Visit
	Nonoxynol 9 Preparations			X1500	Visit
	Lubricating Jelly			X1500	Visit
Other Drugs	Levonorgestrel/Ethinyl Estradiol and Urine Pregnancy Test * (Females only)	Tablets; Urine Pregnancy Test	0.25 mg – 0.05 mg	X7720	Kit (ea)
	Levonorgestrel (Females only)	Tablets	0.75 mg	X7720	Packet (ea)

* Restricted to a maximum quantity of one unit per dispensing with a maximum of three units in any 12-month period.

Tubal Ligation Method

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Contraceptive Barriers	Condoms	Male and Female		X1500	Visit
	Nonoxynol 9 Preparations			X1500	Visit
	Lubricating Jelly			X1500	Visit
Other Drugs	Levonorgestrel/Ethinyl Estradiol and Urine Pregnancy Test *	Tablets; Urine Pregnancy Test	0.25 mg – 0.05 mg	X7720	Kit (ea)
	Levonorgestrel*	Tablets	0.75 mg	X7722	Packet (ea)

* Restricted to a maximum quantity of one unit per dispensing with a maximum of three units in any 12-month period.

Vasectomy Method

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Contraceptive Barriers	Condoms	Male and Female		X1500	Visit
	Nonoxynol 9 Preparations			X1500	Visit
	Lubricating Jelly			X1500	Visit

Infertility Method

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Contraceptive Barriers	Condoms	Male and Female		X1500	Visit
	Nonoxynol 9 Preparations			X1500	Visit
	Lubricating Jelly			X1500	Visit
Other Drugs	Basal Thermometers			X1500	Visit

All Methods –
Hepatitis B Virus

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Other Drugs	Hepatitis B Vaccine	Energix-B	10 mcg/0.5 ml	X7088	Ea.
		Engerix-B	20 mcg/1.0 ml	X7090	Ea.
		Recombi-vax -HB	5 mcg/0.5 ml	X7094	Ea.
			10 mcg/1.0 ml	X7096	Ea.
			30 mcg/3.0 ml	X7100	Ea.
	Administration Fee, Hepatitis B, Pediatric (VFC program)			X7913	
	Administration Fee, Hepatitis B, Adult (VFC program)			X7914	

**All Methods –
Miscellaneous Medications**

Restrictions based on secondary and concurrent diagnosis. **

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Anti-Infectives	Amoxicillin/Clavulanate (Restrictions A and B)	Tablets	250 mg	Z7610	Ea.
			400 mg	Z7610	Ea.
			500 mg	Z7610	Ea.
			875 mg	Z7610	Ea.
	Azithromycin (Restriction C)	Tablets or Capsules	250 mg	X7716	Ea.
		Packets	1 gm	Z7610	Ea.
	Cefixime (Restriction D)	Tablets	200 mg	Z7610	Ea.
			400 mg	Z7610	Ea.
	Cefoxitin Sodium (Restriction E)	Injections	1 gm	X5856	Ea.
			2 gm	X5854	Ea.
	Ceftriaxone Sodium (Restriction D or E)	Injections	250 mg	X5864	Ea.
	Cephalexin (Restriction A)	Capsules	250 mg	Z7610	Ea.
			500 mg	Z7610	Ea.
	Ciprofloxacin (Restriction D or A and B)	Tablets	250 mg	Z7610	Ea.
			500 mg	Z7610	Ea.
	Clindamycin HCl (Restriction E)	Capsules	75 mg	Z7610	Ea.
			150 mg	Z7610	Ea.
	Clindamycin Phosphate (Restriction F)	Vaginal Cream	2%	Z7610	Gm.
	Doxycycline Hyclate (Restriction C, E or G)	Tablets or Capsules	50 mg	Z7610	Ea.
			100 mg	Z7610	Ea.
	Metronidazole (Restriction E or F)	Tablets	250 mg	Z7610	Ea.
			500 mg	Z7610	Ea.
	Metronidazole (Restriction F)	Vaginal Gel	0.75%	Z7610	Gm.
	Nitrofurantoin (Restriction A)	Capsules	50 mg	Z7610	Ea.
			100 mg	Z7610	Ea.
	Ofloxacin (Restriction D or E or A and B)	Tablets	200 mg	Z7610	Ea.
			300 mg	Z7610	Ea.
			400 mg	Z7610	Ea.
	Penicillin G Benzathine (Restriction G)	Injections	300,000 u/cc	X5772	cc.
			600,000 u/cc	X5770	cc.
			1,200,000 u/2cc	X7460	Ea.
	Probenecid (Restriction E)	Tablets	500 mg	X7462	Ea.
			2,400,000 u/2cc		
	Sulfamethoxazole/Trimethoprim (Restriction A)	Tablets	400/80 mg	Z7610	Ea.
			800/160 mg	Z7610	Ea.

** See "Drug and Supply List Restrictions" listed on a previous page in this section.

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Anti-Virals	Acyclovir (Restriction H)	Tablets or Capsules	200 mg	Z7610	Ea.
			400 mg	Z7610	Ea.
			800 mg	Z7610	Ea.
	Famciclovir (Restriction H)	Tablets	125 mg	Z7610	Ea.
			250 mg	Z7610	Ea.
			500 mg	Z7610	Ea.
	Valacyclovir HCl (Restriction H)	Caplets	500 mg	Z7610	Ea.
Anti-Fungals	Butoconazole Nitrate (Restriction F)	Vaginal Cream	2 %	Z7610	Gm.
	Clotrimazole (Restriction F)	Vaginal Cream	1 %	Z7610	Gm.
		Vaginal Tab	100 mg	Z7610	Ea.
		Vaginal Tab	500 mg	Z7610	Ea.
	Fluconazole (Restriction F)	Tablet	150 mg	Z7610	Ea.
	Miconazole Nitrate (Restriction F)	Vaginal Cream	2 %	Z7610	Gm.
		Vaginal Suppository	100 mg	Z7610	Ea.
		Vaginal Suppository	200 mg	Z7610	Ea.
		Dual-Pak		Z7610	Ea. Pak
	Terconazole (Restriction F)	Vaginal Cream	0.4% 0.8%	Z7610 Z7610	Gm. Gm.
		Vaginal Suppository	80 mg	Z7610	Ea.
Topicals	Imiquimod *** (Restriction I)	Cream	5 %	Z7610	Gm.
	Podofilox (Restriction I)	Gel	0.5 %	Z7610	Gm.
	Podophyllum Resin (Restriction I)	Liquid	25 %	Z7610	cc.
Other	Diphenhydramine HCl	Tablets or Capsules	25 mg	Z7610	Ea.
			50 mg	Z7610	Ea.

** See "Drug and Supply List Restrictions" listed on a previous page in this section.

*** Maximum quantity is four boxes per treatment course; limited to two treatment courses per recipient per year